

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.

First Named Inventor

Alan Perkins

Original Patent Number

6,253,198

Original Patent Issue Date
(Month/Day/Year)

06/26/2000

Express Mail Label No.

EU982682775

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☐ Written Consent of all Assignees (PTO/SB/53)
 - ☒ 37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes
to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribbonded Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: Transmittal Letter
Express Mail

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label



Correspondence address below

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31,294

Signature

Kenneth A. Roddy

Date

06/19/2003

06/20/03
17681 U.S. PTO

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

Claims as Filed - Part 1

| Claims in Patent | | Number Filed in Reissue Application | (3) Number Extra | Small Entity | | Other than a Small Entity | |
|-------------------------------------|--|-------------------------------------|---------------------|--------------|-----|---------------------------|----------|
| | | | | Rate | Fee | Rate | Fee |
| (A) | Total Claims (37 CFR 1.16(j)) | (B) 14 | ****0 = | x \$ _____ = | or | x \$ _____ = | 0.00 |
| (C) | Independent claims (37 CFR 1.16(i)) | (D) 2 | * 0 = | x \$ _____ = | | x \$ _____ = | 0.00 |
| Basic Fee (37 CFR 1.16(h)) \$ _____ | | | | | | | \$750.00 |
| Total Filing Fee \$ _____ | | | | | | OR | \$750.00 |

Claims as Amended - Part 2

| | (1) Claims Remaining After Amendment | | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity | | Other than a Small Entity | |
|-------------------------------------|---|-------|---|-----------------------------|--------------|-----|---------------------------|------|
| | | | | | Rate | Fee | Rate | Fee |
| Total Claims (37 CFR 1.16(j)) | *** 14 | MINUS | ** 20 | * = | x \$ _____ = | | x \$ _____ = | 0.00 |
| Independent Claims (37 CFR 1.16(i)) | *** 2 | MINUS | ****2 | = | x \$ _____ = | | x \$ _____ = | 0.00 |
| Total Additional Fee \$ _____ | | | | | | OR | \$0.00 | |

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.

☐ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 750.00 _____ to cover the filing / additional fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

06/19/2003
Date

Kenneth A Roddy
Signature of Applicant, Attorney or Agent of Record
Kenneth A. Roddy

Typed or printed name

Express MAIL LABEL
EW 982682775

June 20, 2003

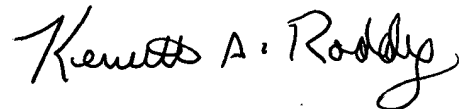
Mail Stop REISSUE
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is a **REISSUE PATENT APPLICATION** to correct defects in **U.S. Patent 6,253,198** issued June 26, 2001 to Alan Perkins and assigned to Search Mechanics, Inc., titled: **PROCESS FOR MAINTAINING ONGOING REGISTRATION FOR PAGES ON A GIVEN SEARCH ENGINE** together with the following documents:

1. Reissue Patent Application Transmittal Form (PTO/SB/50),
2. Reissue Application Fee Transmittal Form (PTO/SB/56) with Check in the amount of \$750,
3. Reissue Application Declaration By The Assignee Form (PTO/SB/52),
4. Statement Under 37 CFR 3.73(b) with Copy of Assignment Attached,
5. Copy of U.S. Patent 6,253,198 in double column format, and
6. Preliminary Amendment to Correct Defects.

Respectfully submitted,



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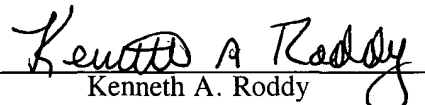
Encls

CERTIFICATE OF MAILING - EXPRESS MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 CFR 1.10, postage prepaid, in an envelope addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

June 20, 2003

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